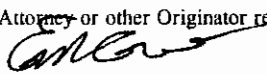
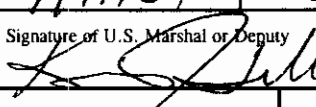
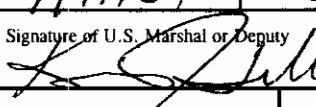


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 05-10224-NMG	
DEFENDANT James D. Goodwyn		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE ↓ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN James D. Goodwyn Federal Inmate # 4721		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) PCCF, 26 Long Pond Road, Plymouth MA 02360		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
Eugenia Carris, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)			
Please serve the attached Preliminary Order of Forfeiture upon the above name individual by certified mail return receipt requested.			
Signature of Attorney or other Originator requesting service on behalf of: 		TELEPHONE NUMBER (617) 748-3100	DATE December 21, 2006
		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. <small>(Sign only first USM 285 if more than one USM 285 is submitted)</small>	Total Process No. _____	District of Origin No. _____	District to Serve No. _____
		Signature of Authorized USMS Deputy or Clerk 	
		Date 1/11/07	
		Time 2:00 pm	
		Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges <small>(including endeavors)</small>	Forwarding Fee	Total Charges
		Advance Deposits	Amount Owed to US Marshal or
		Amount or Refund	

REMARKS:

See Atch Certify Receipt Green Card has been forward to you.

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT

James D. Goodwyn
Federal Inmate # 4721
PCCF, 26 Long Pond Road
Plymouth, MA 02360

City, State, ZIP+4
Street, Apt. No.,
or PO Box No.

Sent To

Total Postage & Fees \$
Restricted Delivery Fee (Endorsement Required)
Return Receipt Fee (Endorsement Required)
Certified Fee
Postage \$

Postmark Here

For delivery information visit our website at www.usps.com
762025-05-0024-01

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7003 1680 0006 7967 4215
7003 1680 0006 7967 4215



CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>James D. Goodwyn Federal Inmate # 4721 PCCF, 26 Long Pond Road Plymouth, MA 02360</p> <p>762025-05-0024-01</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>7003 1680 0006 7967 4215</p>	

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 X *Thomas Pharis* ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ \$

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna L. Ruffin
 52 Massachusetts Ave
 Brockton, MA 02301

10-4200-05-0024-01

Article Number

7003 1680 0006 7967 4215

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James D. Goodwyn
 Federal Inmate #4721
 PCCF, 26 Long Pond Road
 Plymouth, MA 02360

762025-05-0024-01

Article Number

7003 1680 0006 7967 4215

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 X *[Signature]* ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes